DOCUMENT RESUME

ED 155 870 EC 110 771

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TITLE Community Mental Health Programming for Emotionally Handicapped Children, Ages 4-12.
PUB DATE May 78
NOTE 20p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (56th, Kansas City, Missouri, May 2-5, 1978, Session T17)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Early Childhood Education; Elementary Education; *Emotionally Disturbed; Interdisciplinary Approach; *Mental Health Clinics; *Program Descriptions; Program Design

ABSTRACT

Described are multidisciplinary services provided for emotionally disturbed children (4-12 years old) at a Connecticut Mental Health Center. Reviewed are the following program aspects: admission policy, program design, discharge procedure, curriculum, parent counseling, and public school liaison. (CL)

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ED155870

COMMUNITY MENTAL HEALTH PROGRAMMING

for

EMOTIONALLY HANDICAPPED CHILDREN, AGES 4-12

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EC 110 771

Public school programming for emotionally handicapped children has generally consisted of regular class placement combined with supportive services and segregated special classes with some children mainstreamed for both academic and non-academic activities. While the incidence of children identified as emotionally disturbed has escalated during the 1970's to approximately 2% of public school enrollment (Kauffman, 1977) or thirty children per thousand (Wood, 1978), the public schools have developed a minimum number of specialized programs to service this expanding population.

The greatest concentration of specialized programs has been at the elementary school level, where the early diagnosis and treatment of disturbed children has focused on the remediation of behavioral and social-emotional adjustment problems. Secondary school programs are seriously inadequate for the adolescent, particularly in rural and suburban school districts. Since the 1960's autistic, psychotic and chronic juvenile deliquents were relegated to residential or institutional facilities which still represents the only feasible option for children with profound developmental handicaps, and are often financially too costly, geographically too distant from a child's home community and difficult to evaluate in terms of their programmatic effectiveness.

Another factor related to residential or institutional placement involves a child's eventual return to his original environment. This has often proven to be an unsuccessful venture, because the school districts lack appropriate resources, including staffing, physical facilities, and monies, which impedes the implementation of a compatible community placement. Consequently, personal skills acquired at the residential school may not generalize to the home situation, particularly if that environment has significantly deteriorated or become obviously unhealthy for a child's positive adaptation. The multitude of concomitant factors related to a child's adjustment may still require intensive intervention to modify the pathology that provoked the initial need for

supportive services. Therefore, the cost-benefit ratio sometimes proves financially, as well as educationally prohibitive, as budgetary constraints, ethical issues and accountability factors make placement in programs beyond the public school system's jurisdiction more difficult to justify.

Alternative models, which are more financially reasonable, community-based and educationally accountable, have been designed and implemented to facilitate the psycho-educational treatment of disturbed children. Child guidance clinics, extended day programs, and mental health centers, among others, are beginning to offer essential services which are more closely integrated with the referring school district. These services tend to be more centrally located, which facilitates greater efficiency in the coordination of the original school placement and the alternative program, reducing the problems of isolation, accountability and probably reentry into the public school systems. Unfortunately, there is still an insufficient number of specialized programs, either state or private, to provide for these children, as it is estimated that only 33% of seriously disturbed children are receiving services (Wood, 1978).

In anticipation of the demands for viable treatment models, the State of Connecticut, Department of Children and Youth Services, has established regional mental health programs for emotionally disturbed children and their families. A facility was inaugurated in Bridgeport, the state's second largest metropolitan area (population 150,000), in October, 1974. Bridgeport is an industrial city of low middle to middle class blue collar workers over 28% of the population is black, while a substantial Spanish-speaking community also exists there.

The surrounding catchment towns, Fairfield, Monroe, Stratford, Easton, and Trumbull are predominately suburban communities with large white populations with middle and upper middle class living standards. Approximately 80% of the children served are from the low middle or low socio-economic strata and 40% of these will be black and minority youngsters.

The Children's Services Center of the Greater Bridgeport Community Mental Health Center is composed of a day treatment unit, the Family School, and an adolescent unit, the Kolbe High School Alternative Program. A crisis intervention system is also available for acute cases, with the option of a 72-hour in-patient placement in Bridgeport Hospital. The State of Connecticut assumes total financial responsibility for the program, with supplemental funds provided through federal grants.

The major emphasis of the Children's Services Center is the day treatment psycho-educational Family School Program for children ages 4-12. Each year approximately thirty children are serviced, including those who are returned to public school or enrolled for the summer session only. There is a constant maximum daily attendance of twenty-four children during the September to June academic year. Each child is assigned to a self-contained class with an enrollment of six children, staffed by a Certified State School Teacher and a Children's Service Worker. All four classes operate from 9:30 to 2:30 daily; some time is also spent in recreation areas, learning centers and at lunch in the Center's cafeteria.

The Center's multi-disciplined staff is directed by a Family Psychiatirst with administrative assistance and coordination provided by one Psychologist with a doctorate in education. A Certified Social Worker directs the Family School.

The Family School's educational programming is monitored by a Certified Special Education Department head, while a Clinical Psychologist coordinates the therapeutic phase of each child's program. This person is assisted by Psychiatric Social Workers and a part-time staff of Child Psychiatrists. A part-time Special Education Consultant is available to assist in the operation of the Family School, particularly in behavioral and educational matters. A part-time Dance Therapist, as well as a Speech Pathologist provide additional program input.

The Children's Services Center is under the auspices of the Commissioner of the Department of Children & Youth Services and a State Superintendent. There are many professionals affiliations with social service agencies within the six town catchment region.

Admission Policy

Children referred to the Family School are diagnosed as emotionally disturbed and demonstrate severe developmental deficits in the affective, social and behavioral domains, which has significantly impaired their personal, family and social adjustment. Concomitant learning disabilities, communication disorders and organic complications will often be associated with, but secondary to the primary emotional handicaps. The majority of program candidates have experienced academic failure and are usually two or more years below grade average in reading and mathematics. Usually, the children referred to the Family School have a personal history that might include disruptive classroom behavior, psychoneurotic disorders, aberrant personality development and occasionally, childhood psychosis. (Freedman and Kaplan, 1972).

The referral process will be initiated because the catchment region's programs have been unable to effectively manage behavior or promote adaptable social-emotional development. Various factors have contributed to this situation, including lack of specialized programs, inadequate staffing, insufficient school resources and no vacancies in appropriate programs. The majority of these children require an intensive short-term placement with individual therapy, combined with parent counseling. Since these requirements are often unavailable or financially prohibitive within the catchment towns, the Family School provides a viable alternative for these critical needs, thereby offering necessary services so important to the expanding population of emotionally disturbed children.

All Family School program referrals must come through the catchment town's Central Planning and Placement Team, under the leadership of the Pupil Personnel or Special Education Director. Children between the ages of 6 and 12, which represents the primary to senior class age placements, can be referred from both regular and special education programs. A pre-school child under age five can be referred via the Child Find process, identified by social agencies or, if enrolled in a pre-school program, by regular referral procedures.

A child considered for possible placement must be referred with a minimum of current diagnostic data, including educational, psychological and psychiatric evaluations, plus undergo an extensive assessment battery at the Family School. This assessment will include a psychiatric evaluation by a staff psychiatrist or clinical psychologist, a family intake interview, and an observational impression of the child at play in his/her prospective

classroom at the Center. This data will supplement data compiled by the referral source, and coordinated to develop a detailed analysis of the child's total functional ability and severity of problem. A developmental profile will be designed to identify specific deficits so as to judge the child's suitability for the Family School program. Each child will be placed on a twenty day trial basis to evaluate his competence to adjust to the program.

The Family School Admission Procedure is outlined in Table I below to illustrate the criteria for potential enrollment at the Children's Services Center. A child's parents or guardians must sign a contract which commits them to their active participation in therapy a minimum of twice monthly; no child will be enrolled unless the parents or guardians agreed to this mandatory stipulation. A short term placement will average one school year or less, whereas a maximum placement would include another school year, particularly if the child makes a vertical move within the program from one classroom to another. The duration of a child's placement is often dependent on the availability of a comparable community program, as well as the severity of the child's deficiencies and potential for improvement.

Program Design

The Family School is centrally located in a modern building in proximity to Bridgeport Hospital and the Easter Seal Rehabilitation Center. There are four large classrooms, an art therapy room, a gross motor room, a library, a lounge, administrative offices and therapy rooms all on one floor. The primary and intermediate classes are conventionally designed, each containing six students' desks, study carrels, play areas, blackboards and large windows. The pre-school class is divided into a general play area and a group instruction

FAMILY SCHOOL ADMISSION PROCESS

Admission Criteria

1) Age 4-12
2) Type of problem: social, emotional, behavioral adjustment problem in public school special education and at home; parents responsible enough to avoid residential placement; enough academic and social potential to profit from the program.
3) Responsible relatives to participate in therapy up to 1x/week.

Admission Evaluation Team

Child Psychiatrist, clinical psychologist, psychiatric social worker special education Head Teacher and Special Education Consultant.

Required Referral Information

1) Educational evaluation, including speech, reading and math levels; plus written observations of teacher of sending school;
2) Psychological evaluation including WISC-R or WPPE subtest scores;
3) Medical exam within three months;
4) Psychiatric evaluation desired;

Admission Procedure

1) Director of Family School and Special Education Consultant attend the Central Planning and Placement Team meeting at sending school, where educational information is obtained, parents are met, Family School permission forms are signed and two full hours minimum appointment set. Interview date will allow time for admission committee meeting to review referral information, before family seen.

2) Child seen in classroom of sending school by Director of Family School and Special Education Consultant.

3) Referral information is reviewed by admission committee before family is seen.

4) The two hour interview process proceeds as follows:

   a) The admission committee member who met the family previously introduces the other staff to them (5-10 minutes) and the interview sequence is explained to the family.
   b) The child is then given a psychiatric interview while the parents meet with the social worker to gather information about the child and family, (about 40 minutes), and their commitment is explored.
   c) The clinical psychologist then sees the whole family to assess the family dynamics (about 45 minutes).

d) The special education teacher takes the family around the school and asks them questions not answered in the referral information. Parents will be given a behavior check list to complete while the teacher talks with the child.

e) The teacher or director take the family to the finance & control office so they can be told the approximate fee for the program.

f) Admission committee members meet the same day to decide on the acceptance of the child and family. Director calls family to give decision and asks family for its decision.

g) If family decides to place their child in our day treatment program, the clinican assigned to this family calls to give an appointment time so the contract can be discussed and signed by parents and clinican, and any other pertinent information obtained.

h) The clinican then notifies the director of the school that the necessary information has been obtained and that the child may begin attending school. The director notifies the bus company to pick up the child.

i) Where admission committee members disagree on accepting a child, the director of the children's services will make the final decision.

j) Within 6-8 weeks after the child has been admitted, a treatment planning conference will be held (1-hour), where clinican and teacher can share testing and other diagnostic materials and a treatment plan can be recommended. These recommendations will be entered into the clinical record.

k) Every 4-6 months the child will be discussed at the clinical case conference. Before any major changes are made in the child's program, he/she will also be discussed at a clinical case conference.

Discharge Procedure

1) Clinician-teacher team suggest a discharge date. This discussed at clinical case conference. Admission committee meets for final decision. Where primary clinican and teacher disagree, they may meet with admission committee.

2) School director notifies referring school system and arranges for CPPT meeting to include an educational and clinical member of the admission committee. Sending school representative must be present to plan the child's transition back to the sending school to another setting, since criteria for return to the sending school system are provided by that system. Type of placement is sent in writing to the referral school system.

3) Where the child is returned to the sending school, the primary clinican will be responsible for after-care on an out-patient basis. Length of time and frequency of involvement is based on needs of child and family.

area, whereas the senior class has a manual arts section.

All of the four classes are designed according to age, with a minimum two year age span within each group. The program includes a pre-school group of 4-6 year olds, a primary group of 6-8 year olds, and intermediate group of 8-10 year olds, and a senior group of 10-12 year olds.

The pre-school program is designed to provide an intensive early intervention experience for high risk children, by utilizing small group training to foster the development of behavioral, affective, communication and pre-academic skills. Structured play, multi-sensory activities, including music and art, affective exercises and field trips are incorporated throughout the program to promote individual progress. Particular emphasis is placed on the development of affective skills, as each child demonstrates severe deficits in this area. Typical problems include the inability to: (1) recognize feelings, (2) label emotions, (3) express affection to adults, (4) use appropriate situational emotions (laugh while playing), (5) respond to discipline techniques and (6) develop social competence. As these affective problems represent the predominant needs of the children, considerable curriculum activity is directed at their remediation. Puppetry, creative arts, story telling, "feeling" pictures, modeling, direct questioning, and group games are employed to promote this growth.

The pre-school curriculum is based on the Developmental Therapy model developed by Mary Wood (Wood, 1975) and associates at the Rutland Center, Athens, Georgia. The programmatic activities and instructional strategies of this objective based, multi-dimensional curriculum are utilized to facilitate each child's personal development. This model is supplemented

by the Monterey Articulation Program, created by Richard D. Baker and Bruce P. Ryan and the Monterey Language Program, developed by Burl B. Gray and Bruce P. Ryan. Both programs are distributed by Monterey Learning Systems, Inc., Palo Alto, California. The Monterey Articulation Program is an individualized, systematic, multi-sound program designed to teach specific speech articulation skills. The Monterey Language Program is an individualized, systematic oral expression program designed to teach children to speak. Both programs have pre-post criterion testing placement systems, automatic branching options, and can be administered by classroom teachers or para-professional aides. Additionally, the Monterey Arithmetic and Reading Programs will be utilized for children with greater pre-academic readiness ability. The current pre-school class teacher and aide have been certified in all four Monterey Programs.

To supplement the Wood and Monterey teaching strategies, two instructional module kits Learning Language at Home, Merle Karnes, (The Council for (Exceptional Children), and Learning Staircase, Lila Coughran and Marilyn Goff (Learning Concepts, Austin, Texas)are being employed. Games, books, records, toys, instructional kits and physical education equipment are purchased through the following commerical vendors: (1) Fisher Price, (2) Child Guidance, (3) Milton Bradley, (4) Playskool, (5) Creative Playthings (6) Instructo, and (7) Seasame Street, Children's Television Workshop.

The primary and intermediate classes are designed to provide an intensive psycho-educational experience for school age children who have demonstrated significant personal adjustment problems in the home or school environment. Individual and small group strategies are incorporated throughout the program to promote interpersonal, affective, behavioral and academic skills.

To improve affective and interpersonal skills, the primary program stresses the awareness and expression of feelings, the connection between feelings and social behavior, and the effect of feelings on personal relationships. This goal is accomplished by utilizing various affective education curricula, including Herbert Goldstein's Social Learning Curriculum (Charles Merrill Publishing Co.) and Donald Dinkmeyer's Developing Understanding of Self and Others kit, (American Guidance Service). These materials are used in a small group discussion format to study weekly themes. A weekly theme might include the topics of "friendship" and "cooperation". For instance, photographs of the children working and playing together are exhibited in a class montage to illustrate the behavioral dimensions of friendship.

Socially appropriate behavior is also emphasized in the primary program, particularly in group situations, by the use of a token economy system. The system consists of these six class rules: (1) follow directions, (2) stay in your seat, (3) do your best work, (4) be a good friend, (5) keep room clean, and (6) raise hand quietly and wait, which are reinforced on a ten minute fixed interval schedule throughout the day. A response cost procedure is used to penalize any rule violations; each rule is coded by a number from 1 to 6 which is then displayed on a token board to indicate the precise violation. If a child talks out in class, for example, a number 6 token will be placed next to his name under that particular ten minute period. Points are tallied daily and recorded on a graph affixed to a large corkboard in the front of the classroom. A reward menu, consisting of various priced items, is available for the points exchange, which is usally once weekly.

The primary program's academic training contains both pre-readiness and

readiness activities, with the Monterey Reading and Mathematics systems the core curriculum components. Each child is initially assessed on Monterey placement tests and then receives individual instruction according to his skills profile. A typical daily schedule allocates ninety minutes for Monterey reading and mathematics, while specialized Monterey Language periods are conducted twice weekly. There are also music, play and gross motor periods during the week, as well as individual therapy sessions with a clinician.

Children between 8 and 10 years old are placed in the intermediate program, which is comparable in design to the primary class, but more academically oriented. Typically, these children have experienced failure in their public school setting and demonstrate attitudinal and behavior deficiencies related to that failure. Consequently, academic remediation is coupled with behavioral and socialization instruction to enhance adaptable school performance.

The academic curriculum is predominantly task oriented, with specific daily assignments in reading, mathematics, spelling and writing for each child. The children must work independently, if possible, to complete their tasks within prescribed time periods, while specialized instruction is provided in the Monterey modules on an individual basis. Generally, the program operates on the second and third grade levels, although some children might be accelerated academically and perform significantly above grade expectation.

Behaviorally, the intermediate program incorporates a token economy system with ten class rules encompassing both academic and social behaviors, like following directions, sitting quietly, using appropriate school

language and working cooperatively with others. A fixed interval schedule, combined with a response cost procedure and a reward menu, is used to reinforce compliance with class rules. Additionally, individual daily contracts are designed for each child to develop affective and interpersonal skills. The children openly and realistically discuss their interaction together, so as to evaluate the consequences of their behavior, their ability to listen and respond positively to peers, and their introspection about developing alternative problem solving solutions. As with the primary program, each also has gross motor, art, music and individual therapy during the week.

The senior program is designed for 10 to 12 year old children who exhibit chronic personal adjustment problems in the school environment, coupled with serious behavioral and social deficiencies at home. These children usually have a history of repeated failure in their prior placement, which is almost always a special education class for emotionally disturbed children. Often times, a referral to this program represents an alternative to a residential or institutional facility, as the referring school district has conceeded the need for an intensive program which provides parent counseling and massive rehabilitation. Therefore, the senior program utilizes a multi-faceted curriculum to foster the development of functional daily living skills, particularly in reading, arithmetic and the social-emotional domain.

A behavior management system based on class rules and individual contracts is used to encourage the internalization of control, as decision making, problem solving and self-correction are emphasized during daily activities. Rewards are more sophisticated and difficult to acquire, as a child might

accumulate points in a savings account, while having the option of exchanging them for model kits and athletic equipment. Affectively, the program's goals are to help each child (1) identify positive feelings about himself, (2) define responsibility and consequences of personal behavior, (3) define the effects of group opinion on personal values, and (4) contrast and compare individual and group situational behavior. The Director of the Family School conducts weekly group discussion meetings to explore these goals, while the classroom teacher uses science, reading, and physical education activities to supplement conventional small group and individual therapy. Within the study of ecology, for example, the children learn to understand the necessity for cooperation and mutual participation, as in nature, itself, whereas in physical education, a unit on jogging stresses both team work and personal competition.

The senior program's academic component involves instruction at varied skills levels from readiness to grade eight. All instructional techniques are pragmatically oriented, focusing on reading high interest materials, including short stories, plays, outdoor magazines, books on motocycles and the newspaper, among others. Money, time, measurement and logical reasoning are emphasized in mathematics, as well as computation using the four basic operations. All four Monterey modules are implemented at various levels of competence and combined with individual programs to accelerate academic achievement.

A speech pathologist, dance and movement therapist, art therapist and librarian provide specialized services for the children at prescribed times weekly. These 30 to 45 minute sessions are conducted with individual children or entire classes and are designed to integrate the achievement of

affective, behavioral and academic goals. Each discipline coordinates their program input with the clinical and teaching staff to facilitate training the whole child in a consistent and organized manner.

To evaluate each child's progress at the Family School, an extensive assessment battery is administered during a six week period after enrollment. The testing instruments are selected based on the child's age, developmental level, and severity of problem. All developmental and academic assessment is done by the classroom teacher, while more rigorous examinations are a clinical psychologist's responsibility, as for example, with the I.T.P.A.. Typically, pre-school children are tested on the Developmental Therapy checklist (Wood, 1975), the Mann Suiter Developmental checklist (Mann and Suiter, 1974), the Learning Staircase Inventory System and classroom behavior checklists. The primary to senior program children receive the Key Math Test, the Gilmore Oral Reading test, the Gallistel-Ellis test of Coding Skills and the Wepman. Also, all Monterey pre-tests are used to measure a minimum competence level for placement in the respective units.

All test results are evaluated by the supervising teacher, the classroom teacher, and a clinical staff member to construct an individual profile, identifying major deficiencies and relevant competencies. This data is correlated with the diagnostic impressions of the child's referring school to design annual and quarterly program objectives. Goals, strategies and teaching materials are specified and approved by all team members, as well as the parents or guardians. Objectives are established in reading, mathematics, language arts, behavior and affective areas, and modified each quarter according to the child's performance. Each child is reviewed every six months at a case conference, exclusive of mini-sessions regarding particular programmatic developments.

Parent Counseling

The philosophy of the Family School program is family centered. Each child is viewed, therefore, as a sympton carrier who has been affected by the many varied psychological and physical forces within his family. Consequently, a child cannot attend the Family School without the active participation of at least one family member. A clinical psychologist or psychiatric social worker is assigned to each family, and a counseling schedule developed.

From the very first interviews and family meetings, the nature of the child's problem, including its onset, history and current status, is openly and fully discussed. The family must be able to acknowledge that there was a problem, what the problem was, how to cope with it, and what the future progress might entail. Therapy will concentrate on illustrating the dynamics of family systems, including the effects of child development on interaction patterns, the expression of affection, the use of different communication styles, the nature of sibling issues and the concerns of daily living.

Parents will observe their child at the Family School and assist in special program areas, as for instance, promoting appropriate bus behavior; practical child management techniques will be emphasized to facilitate the child's affective and behavior progress at home.

When a child is returned to the public school system, family counseling continues for six months after dismissal, or until a child guidance clinic or private therapist assumes the case.

Public School Liaison

All the children enrolled at the Family School must be processed through their respective school systems, which are ultimately responsible for the child's educational programming. The Family School coordinates the placement of each

each individual with school district representatives, beginning with the initial I.E.P. planning, to on-site visitations and annual reviews. Quarterly reports and case conference information are also forwarded to each school district during the academic year.

Any decision to return a child to the public school setting must be mutually approved by Family School and district personnel. The dismissal process will be data based and dependent upon the availability of comparable community programs. A child might be recommended for residential placement if the severity of the pathology is too pervasive for adequate community intervention, but only if approved by parents at a formal I.E.P. meeting.

The Family School also provides on-site consultation to school system teachers who are currently working with former enrollees. These teachers are encouraged to visit the Family School to discuss management techniques and curriculum strategies to implement in their classes. This also applies to children seen at Child Guidance Clinics or in private therapy.

The development of alternative, community-based programming for emotionally handicapped children is an innovative concept, as the need for accountable therapeutic facilities continues to expand. Since the population of disturbed children is steadily increasing, and available public school resources are strained, the existence of viable psyco-educational models becomes a necessary option for these children and their particular problems. Programs like the Family School must be developed throughout the country to provide the opportunity for intensive, short-term placement in an environment that promotes the development of the total child.

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